

COPY

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)SASS, Gregory J. / John R.**1. TYPE(S) OF LICENSE(S)**

OFF SALE BEER AND WINE

Applied under Sec. 24044 ☐Effective Date: When Trfd**FILE NO.**

RECEIPT NO.

439,48

GEOGRAPHICAL

CODE 3902

Date

Issued

Temp. Permit

T-58957

Effective Date: 11-12-88**3. TYPE(S) OF TRANSACTION(S)**

FEE

LIC.
TYPE

Per to Per

\$

50.0020

TOTAL

\$

50.00**4. Name of Business**Sass' California Gourmet Meat & Deli**5. Location of Business—Number and Street**620 S. Central Ave.City and Zip Code
Lodi 95240County
San Joaquin**6. If Premises Licensed,
Show Type of License**20-203350**7. Are Premises Inside
City Limits?**Yes**8. Mailing Address (if different from 5)—Number and Street**SAMEPerm**9. Have you ever been convicted of a felony?**No**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?**No**11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.****12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**County of San JoaquinDate 11-7-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT
SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**County of San JoaquinDate 11-7-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)**Anthony D. AZAVEDOAnthony D. Azavedo20-203350**19. Location**

Number and Street

City and Zip Code

County

Same**Do Not Write Below This Line; For Department Use Only**Attached: ☒ Recorded notice,☐ Fiduciary papers,☐ XX 280

(OTHER)

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

Stockton

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

ALONZONA

ALONZONA, Anita

ALONZONA, Anita

4. Name of Business

Stop In Market

5. Location of Business—Number and Street

420 E. Kettleman Lane, Ste B6

City and Zip Code

Stockton, 95210

County

San Joaquin

6. If Premises Licensed,

Show Type of License 20

8. Mailing Address (if different from 5)—Number and Street

3922XXXX PARKWAY 199XX STOKTON CA 95210 Same

9. Have you ever been convicted of a felony?

NO

Applied under Sec. 24044 ☐

Effective Date: 10-26-88

Effective Date: 10-31-88

3. TYPE(S) OF TRANSACTION(S)

new to me

FEE

\$ 50.00

LIC. TYPE

20

TOTAL \$ 50.00

7. Are Premises Inside

City Limits? Yes

(Temp) (Perm)

Perm

10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act? No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of San Joaquin

Date 10-26-88

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APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA

County of San Joaquin

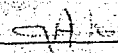
Date 10-26-88

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16. Name(s) of Licensee(s)

Ahmad A. KHALAP

17. Signature(s) of Licensee(s)



18. License Number(s)

20-215813

19. Location

Number and Street

City and Zip Code

County

Same

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Attached: ☒ Recorded notice,

☒ Fiduciary papers,

☒ -280

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

STOCKTON

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

JAGGAN, Alan M./Owner

1. TYPE(S) OF LICENSE(S)

ALCOHOLIC BEVERAGE
OFF-SALE BEER & WINE

Applied under Sec. 24044 ☐
Effective Date: 12-31-88

FILE NO.**RECEIPT NO.**

**GEOGRAPHICAL
CODE** 3932

**Date
Issued**

Temp. Permit

58047

Effective Date: 12-31-88**3. TYPE(S) OF TRANSACTION(S)**

Per to Per

FEE

\$ --

**LIC.
TYPE**

20

See Receipt #420758, Department
Error, All fees applied to new
Application, including ABC-250)

4. Name of Business

STOCK IN MARKET

5. Location of Business—Number and Street

420 E. Kettleman Lane, Ste. B-6

City and Zip Code

Lodi, 95240

County

San Joaquin

TOTAL

\$ --

**6. If Premises Licensed,
Show Type of License** 20

**7. Are Premises Inside
City Limits?** Yes

8. Mailing Address (if different from 5)—Number and Street
Same

(Temp) (Perm)
Perm

9. Have you ever been convicted of a felony?

No

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?** No

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

**12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.**

13. STATE OF CALIFORNIA

County of San Joaquin

Date 11-3-88

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APPLICATION BY TRANSFEROR**15. STATE OF CALIFORNIA**

County of San Joaquin

Date 11-3-88

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16. Name(s) of Licensee(s)

Ahmad A. KHALAF

17. Signature(s) of Licensee(s)**18. License Number(s)**

20-215813

19. Location**Number and Street****City and Zip Code****County**

Same

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☒ 10/9

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

Shenandoah

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
license described as follows:

2. NAME(S) OF APPLICANT(S)

SEBASTIAN, MARK L.

1. TYPE(S) OF LICENSE(S)On Sale Beer & Wine
Public PremisesApplied under Sec. 24044 ☐

Effective Date: 11-2-88

FILE NO.

RECEIPT NO.

GEOGRAPHICAL

Date

Issued

Temp. Permit

Temp. Permit

Effective Date.

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.
TYPE

Original License

\$ 300.00

42

Annual and Pro Rated Fee

295.50

4. Name of Business

The Rex

5. Location of Business—Number and Street

9 N. Sacramento Street

City and Zip Code

Lodi, 95240

County

San Joaquin

TOTAL

\$ 595.50

6. If Premises Licensed,

Show Type of License

42

7. Are Premises Inside

City Limits? Yes

8. Mailing Address (if different from 5)—Number and Street

Same

(Temp) (Perm)

Perm

9. Have you ever been convicted of a felony?

No

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Number and Street

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